



It's CADR Time!

Have you noticed a chill in the air? It's not Wintertime, it's CADR time! For those of us responsible for submitting the CARE Act Data Report (CADR), this time of the year can send shivers up and down your spine, but we hope this special CADR issue of *ARIES Advisor* will bring you some comfort.

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Never heard of the CADR? It's a federal requirement for each provider receiving funding from any one of the various titles of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act. The report must be submitted annually to the Health Resources and Services Administration (HRSA) on a calendar-year basis, and is due no later than March 15 of the following year. So, for 2006, your CADR is due on March 15, 2007. However, your Grantee may require that you submit your CADR before the HRSA deadline as they will need time to review and submit all of their CADRs in a timely fashion. Please contact your Grantee for the specific deadline they have set for your CADR submission.

We hope that the Questions and Answers on the following pages will help you as you generate the CADR this year. First, we'll talk about getting your data into ARIES and verifying that it's correct. Then, we'll discuss how to run the report, and explain where some of the numbers come from. Finally, we'll tell you everything you need to know to submit your CADR to your Grantee. Should you need more information, please see the last Q&A regarding CADR assistance.

Considering Windows Vista?

Windows Vista is the latest operating system from Microsoft, and will be released to the public on January 30, 2007. Please be aware that the ARIES development team has not yet tested and approved Windows Vista for use with ARIES. In particular, your ARIES certificates may be incompatible with Windows Vista, and you might not be able to log in to ARIES. Please check the FAQs page at www.projectaries.org for information before upgrading an existing computer to Windows Vista or purchasing a new computer with Windows Vista. Note that Internet Explorer 7.0 is approved for use with ARIES.

ARIES DATA AND THE CADR

Question: *How do I know what data I need to enter into ARIES to generate the CADR?*

Answer: For client-level data, wherever you see a red asterisk (*) on the screen, that field is required for the CADR. Some non-medical providers are not required to submit medical information, but we have placed red asterisks on all fields that might be required for the CADR. In addition to entering information about your clients, you must also enter each service you provide to your clients.

Question: *How do I know if I've missed any of those required fields?*

Answer: ARIES contains a report called the Missing HRSA Data Report. To run the report, click on the Reports menu in ARIES and select Management reports. You'll be asked to enter a date range (use between 1/1/2006 and 12/31/2006). ARIES will list all the clients who received a CADR-eligible service during the date range, and show you which data elements are missing.

Question: *What if I don't know or can't get the correct answer for a required data element?*

Answer: HRSA expects that providers will collect all required data elements. Keep in mind that some non-medical providers are not required to collect medical information, but all providers are required to collect the data elements needed to prepare Section 2 and 3 of the CADR. If you have left a data element blank, it will be counted as an Unknown response on the CADR. Depending on the percentage of your Unknown responses, HRSA may ask you to collect the missing data and resubmit your CADR.

RUNNING THE CADR REPORT AND WHERE THE NUMBERS COME FROM

Question: *OK, I've entered all of my 2006 data, now what?*

Answer: You're ready to run the CADR! In ARIES, go to the Reports menu and select Compliance reports. The CADR is the first report on that page. When you click on the link, the CADR Wizard page will appear.

Question: *Why do I have to fill in all those fields on the CADR Wizard?*

Answer: These are required fields for the CADR, and describe your agency in detail. While ARIES can calculate the required statistics for your client-level data, the data elements on this page cannot be populated by pulling data from ARIES.

Question: *Do I have to fill out all of those fields before I can run the CADR?*

Answer: Yes and No. If you are running a final CADR for submission to your Grantee, you must complete all of the fields. However, most providers will run the CADR several times, looking for problems with client data, then fixing those problems, and then running the report again to see the results. During that process, you do not need to complete all of the fields on the CADR Wizard page. However, you must complete the Start Date and End Date fields in Section 1 of the wizard. Use 1/1/2006 through 12/31/2006.

Question: *I filled out all of the fields on the CADR Wizard page and ran the CADR, but when I came back to run it again, all the fields are blank!*

Answer: ARIES does not save the data you enter on the CADR Wizard page. Where possible, it will pull data from your Agency Setup page (address, phone, etc), but any information you manually type on the page is not saved. For that reason, we recommend not filling out all the other fields unless you are generating a final CADR for submission to HRSA or your Grantee.

Question: *What if my CARE Act funding did not start on 1/1/2006?*

Answer: If you received any CARE Act funding at any time during the calendar year, you are still required to submit a CADR. If this is the first year you received CARE Act funding, use your contract's starting date as the Start Date for the CADR, and use 12/31/2006 as the End Date. For example, if you just became a Title II provider on 4/1/2006 and this is your first CARE Act funding cycle, use that as the Start Date for your CADR this year. However, if your CARE Act funding was renewed during 2006, use the entire calendar year for your CADR reporting period. For example, if you have been a Title II provider for many years, but your contract is renewed each year on April 1, you should use 1/1/2006 through 12/31/2006 for your CADR reporting period. In this situation, you would use the entire calendar year because you received CARE Act funding for the entire year, even though some of that funding came from different fiscal years or contract periods.

Question: *Does ARIES generate the current version of the CADR?*

Answer: Yes, ARIES generates the most current version of the CADR. The CADR can change from one year to the next, but ARIES will always contain the current version of the CADR.

Question: *What effect does the Reporting Scope have on the CADR that ARIES generates?*

Answer: The default for Reporting Scope on the CADR Wizard page is "All Clients receiving a service eligible for Title I, II, III, or IV funding." With very few exceptions, this is the scope that most providers should use. It means that if a service was eligible for CARE Act funding (i.e. it could have been paid for with CARE Act funds), then that service is included on the CADR as is the client who received that service. If you select "Only Clients receiving a Title I, II, III, or IV funded service" only those services actually paid for with CARE Act funds and the clients who received those services will be included on the CADR. Unless you have written approval from HRSA, you should use the "eligible" Reporting Scope.

Question: *If I do use the "funded" Reporting Scope, how does ARIES know which of my services were paid for with CARE Act Funds?*

Answer: Every service is linked to a Contract, and every Contract is linked to a Funding Source. ARIES selects only those services whose contracts had a Funding Source starting with the words "Ryan White." Please note that if you created your own Funding Source for a CARE Act contract which does not start with "Ryan White," the services provided under that contract will not be included on the CADR if you use the "funded" Reporting Scope. If necessary, you may edit the Funding Source of such a contract without any adverse effects.

Question: *OK, I'm using the "eligible" Reporting Scope. How does ARIES know which of my services are "eligible" for CARE Act funding?*

Answer: Every service in ARIES has a hidden "tag" indicating if and how it should be reported on the CADR. End users do not have control over these flags. They are set up by the State or by whatever organization manages your ARIES system at the highest level. In California, all services entered – even those entered under non-CARE Act programs – are eligible for the CADR. To see how non-CARE Act services are reported in California, visit www.projectaries.org and look for the Service Hierarchy file on the Manual/Training Documents page. The column "CADR Category" in this document will tell you how your services will be reported on the CADR.

Question: *Which of my clients are included in Section 2 of the CADR?*

Answer: A client must have received an "eligible" or a "funded" service (depending on the Reporting Scope you selected) within the reporting period you entered. In addition, the client must be one of the following: an HIV+ primary client; an HIV-indeterminate primary client (<2yrs); an HIV-negative Related/Affected client; or a Related/Affected client with unknown HIV status.

Question: *I enrolled an HIV-negative client as a primary client. Will that client and his or her services be included on the CADR?*

Answer: No. A "primary" client is one who is enrolled through the usual enrollment process in ARIES. If you enroll an HIV-negative or HIV-unknown client through the usual enrollment process, that client and his or her services will not be included on the CADR. Several sections of the CADR include

a column for "affected" clients. HRSA defines these clients as being HIV-negative or HIV-unknown and being linked to an enrolled HIV-positive client. To establish that link, HIV-negative or HIV-unknown clients must be enrolled as Related/Affected clients from the Living Situation page of the HIV+ client to whom they are linked.

Question: *How can I tell if a client was enrolled as a Related/Affected client?*

Answer: The phrase "(Related/Affected)" will appear after the client's name when you open the client's record.

Question: *I have a client with a "Yes" answer to the Hispanic question on the Demographics screen, but there is also a selection for Race Major 1. How will this client be counted in the Race/Ethnicity section of the CADR?*

Answer: The client will be counted on the Hispanic line. We have received guidance from HRSA that a "Yes" answer to the Hispanic question overrides any other race/ethnicity choices.

Question: *In Section 3 of the CADR, how does ARIES calculate "visits?"*

Answer: The CADR requests the number of clients served for all 32 service categories in Section 3. For categories (a) through (j), the CADR also requests the number of visits. ARIES calculates this by determining the number of unique clients who received the service on the number of unique days. If a client received the same service three times on the same day, it counts as only one "visit" for the CADR. Note that while the ARIES CADR calculates "visits" for all 32 service categories, the HRSA CADR requires "visits" for only categories (a) through (j).

Question: *Section 4 of the CADR includes both confidential and anonymous HIV Counseling and Testing. How do I enter this data in ARIES?*

Answer: ARIES can only capture data for confidential testing, and only if you collect all the client identifiers necessary to enroll the client in ARIES. For enrolled clients, you can enter HIV counseling and testing on the Basic medical page. If you also offer HIV counseling and testing anonymously, you will need to manually track that data outside of ARIES, and then add it to your CADR before submitting it to HRSA or your Grantee.

Question: *Why aren't all of my clients from Section 2 included in Section 5 of the CADR?*

Answer: Section 5 of the CADR is required only for providers of medical services. However, ARIES generates this section of the CADR for all providers. To be included in Section 5 of the CADR, a client must be HIV+ or HIV-indeterminate (<2yrs) and have received at least one Ambulatory/Outpatient Medical Care service during the reporting period.

Question: *My agency doesn't receive Title III or Title IV funding. Why is there data in sections 6.1 and 6.2 of the CADR?*

Answer: ARIES generates this section of the CADR regardless of your funding or your answers on the CADR Wizard. If you do not receive the required funding, you should leave the appropriate fields blank when submitting your CADR to your Grantee.

Question: *My agency does receive Title III funding, and we consider all of our clients as Title III clients. Why are the numbers in Section 6.1 of the CADR less than in Section 2?*

Answer: Title III focuses first on primary health care and, secondarily, on other types

of care. In order to be included in Section 6.1, a client must be HIV+ or HIV-indeterminate (<2yrs) and have received a "primary health care visit" during the reporting period. In the instructions for the CADR, HRSA more broadly defines "primary health care" to include a wide range of types of services. To see the services that ARIES uses for Title III, refer to the Service Hierarchy file at www.projectaries.org on the Manual/Training Materials page. The column "Is Title III" indicates the services that qualify a client for inclusion in section 6.1 of the CADR.

Question: *I've looked at the Service Hierarchy file, and our Title III contract pays for many other types of services than those indicated. Why the difference?*

Answer: The Service Hierarchy file is only used to determine which clients to include in Section 6.1 of the CADR. It does not in any way determine which services you provide with your Title III funds. You may use those funds to provide any service that meets the requirements of your grant award. However, in terms of generating the CADR, the client must have received one of the indicated services to be included. This is consistent with Title III's focus on primary health care – if you provide other services to a client but do not provide at least one primary health care service during the reporting period, HRSA does not consider that client to be a Title III client for the purposes of the CADR.

Question: *What are the criteria for Section 6.2 of the CADR?*

Answer: Section 6.2 covers Title IV of the CARE Act. This title focuses on women, infants, children, and youth. All HIV+ clients who received a service during the reporting period are included, except for HIV+ males 25 and older, who are excluded from section 6.2. In addition, any Affected/Related client who received a service is also included, as long as

the client is linked to an HIV+ client who is not a male 25 years or older.

Question: *I work for an EMA or an Administrative Agency. Can I use ARIES to generate the CADR for one of my agencies?*

Answer: Yes, you can as long as your ARIES login has the necessary administrative rights. Search for the agency using the normal Agency Search screen, then click on the agency's name to reach the agency setup screen. The last tab at the top of the screen will say "CADR." Click on this tab to generate a CADR just for that agency.

Question: *I work for an EMA or an Administrative Agency. Can I use ARIES to generate a combined CADR for all of my agencies?*

Answer: Yes, you can as long as your ARIES login has the necessary administrative rights. Go to the Compliance Reports page as described earlier. If you generate a CADR from this page, it will include all the data from all of your agencies. If you go to the agency setup screen as described above, the CADR will include only data from that one agency. Note that EMAs should not submit a combined CADR to HRSA nor should Administrative Agencies submit a combined CADR to their Grantee. However, the report can be useful to get the "big picture" of your EMA's clients and services.

Question: *I work for an EMA or an Administrative Agency, and have run a combined CADR, but some of the numbers look strange, and the totals do not match from one question to the other. What's up?*

Answer: When you run a CADR across multiple agencies, it's possible that the report will include non-share clients. A non-share client has discrete demographic records at each agency where the client received

services. As a result, there can be discrepancies between those records. For example, one agency might have recorded the client's race as Asian and another agency might have entered the race as Unknown. Or one agency might have the client's CDC Disease Stage as HIV+ while another agency shows AIDS. ARIES cannot resolve these conflicts, and as a result, the client may be counted on multiple lines for a given question. This causes the totals to be inflated beyond the actual count of unique clients. However, the counts for Age and Gender will always be accurate, since these data elements are part of the Client identifiers. The service counts will also be accurate.

SUBMITTING YOUR CADR

Question: *OK, I've run the CADR several times, corrected data as needed, and I'm ready to run my final report. What are my options for submitting the CADR?*

Answer: You have two options for submitting your CADR:

Paper Submissions: Fill out a hard copy of the CADR Form and submit the original and one copy of the report to your Grantee. Please note, however, that the deadline for paper submissions is a much earlier date than for Web submissions. Note that if you submit a paper CADR, you cannot submit the report from ARIES. You must transcribe the numbers from the ARIES report to the official HRSA form.

Web Submissions: Acquire a registration code and log in to the CADR Web System to complete a CADR form. You will enter, verify, and submit your data to all of the agencies from whom you receive CARE Act funding (i.e. your CARE Act Grantees).

Question: *RW CAREWare users (version 4.1) have the option of electronically uploading their CADR directly to the CADR Web System. Can I do that in ARIES?*

Answer No, not this year. You must use either paper submission or web submission. We expect that next year, you will be able to electronically submit your CADR directly to the CADR Web System from ARIES.

Question: *My Grantee has given us a different deadline than the HRSA deadline date. Why are they different and which do I need to comply with?*

Answer: Always comply with the deadlines given by your Grantee. While HRSA's deadline is March 15, 2007 (for creating and entering the report in the CADR Web System), your Grantee may have a large number of CADRs to review, verify, and submit and may require an earlier deadline to ensure they can review and validate all their CADRs in a timely manner.

Question: *How does the CADR Web System work, i.e. what is the process?*

Answer: Agencies who do not receive any direct CARE Act funding, such as a Title II only funded agency, must obtain a registration code from their CARE Act Grantee. Agencies, who receive funding directly from HRSA such as a Title I, Title III, or Title IV agency, must access the CADR Web System through HRSA's Electronic Hand Book (EHB) System. Direct funded providers should receive instructions on how to access the EHB System from HRSA.

Providers must create an account on the CADR Web system (using their registration code). You will create your own login and password as well. Next, you will access a blank CADR form on the Web System and enter your data on the blank form. After

completing all of the sections required of you on the CADR, you will run a validation report. The report will check for any potential errors, list the question number if errors are detected, and describe the error in each question/field. If the validation report flags any errors, you must correct the errors before submitting your report to all the Grantees from which you receive CARE Act funding. Next, your Grantee(s) will review your CADR. If there are errors in the report, the Grantee will reject your CADR which automatically returns your CADR to **Working Status** allowing you to make any necessary corrections. While the validation report should catch most errors, it is possible that the Grantee may find additional errors in your CADR. You will be notified via e-mail if your CADR is rejected. After you make the necessary corrections, you need to resubmit your CADR to your Grantee(s). Your CADR is not officially submitted until each of your Grantees approves your CADR and submits it to HRSA.

NOTE: When you submit your CADR, it automatically goes to each of the Grantees for whom you receive CARE Act funding. Before the CADR Web System is available to providers, each CARE Act Grantee is responsible for providing specific information to HRSA. Part of the information provided is a listing of each agency from whom the Grantee expects to receive a CADR. This information is used in the CADR Web System set-up; when a provider submits their CADR in the Web System, it will automatically send a copy to those Grantees who identified your agency in their set-up. If your CADR is rejected, you will receive an e-mail from the Grantee who has rejected your CADR. Likewise, you will receive an e-mail from each Grantee(s) upon submitting your CADR to HRSA.

Question: *I am a Title II funded agency who also receives Title I funding. How does the review process work for my agency?*

Answer: Each provider who receives funding through the CARE Act must complete a CADR. If the provider receives both Title I and Title II funds, the provider must send the identical CADR to each Grantee (in this case, to the Title I and II Grantees). As specified above, when you submit your CADR, it automatically goes to each Grantee of record for review. Each Grantee will review your CADR and either reject it (return it to **Working Status** for the agency to make the indicated corrections) or submit it to HRSA. Each Grantee (in this example, the Title I and Title II Grantees) will be responsible for validating and submitting your CADR to HRSA. As the provider, you will be responsible for checking your e-mail to verify that the both the Title I and the Title II Grantee approved and submitted your CADR. The CADR is not considered as officially submitted to HRSA until you receive an e-mail from both the Title I Grantee and the Title II Grantee (in this example) confirming that they have validated and submitted your CADR to HRSA. Please note that it is possible for one Grantee to approve your CADR while the other Grantee may reject your CADR. This is why it is important to continually check your e-mail for confirmation from each Grantee that the CADR was submitted to HRSA.

Question: *I am a Title II funded agency, but I also receive funding directly from HRSA as a Title III provider. When accessing the CADR through HRSA's web system, do I need to get a registration code from my Title II Grantee?*

Answer: No, do not create a 2006 CADR using a registration code from another Grantee. Since you receive funding directly

from HRSA (in addition to funding from the Title II Grantee), you must access the CADR Web System through HRSA's Electronic Hand Book System (EHB) located at <https://grants.hrsa.gov/webexternal>. By accessing the CADR Web System in this manner (rather than going directly to the CADR Web System), you can perform both functions as a provider and as a Grantee. As a provider, you are required to submit a copy of your 2006 CADR to the Grantee (in this case, the Title II Grantee). However, as a Grantee, you are also responsible for submitting a CADR directly to HRSA. Accessing the CADR Web System through the EHB allows you to perform both functions. Once you verify and submit your 2006 CADR, a copy will automatically be sent to the Grantee(s). Make sure you check your e-mail system regularly as the Grantee(s) may reject your CADR after you submit it to them.

Question: *I am a Title III agency who also receives Title II funding. Will the Title II Grantee verify the entire CADR or only the sections pertaining to Title II funding?*

Answer: Before submitting your CADR, you will be required to run a validation report. Typically, this report will flag any potential errors in your CADR and require you to correct them before sending your CADR to the Grantee. While the validation report should catch most errors, it is possible that the Grantee may find additional errors before submitting your CADR to HRSA. The Title II Grantee would most likely validate only the sections of the CADR for which they provide funding. In other words, they may only check Sections 1-5 of the CADR since Section 6 is for Title III and/or IV Grantees.

Question: *I am a California provider. Section 7 of the report is for Health Insurance Program (HIP) information. Do I need to complete this section of the CADR?*

Answer: No, you do not need to complete this section if you provide services in California. The California State Office of AIDS (OA) administers the CARE/HIPP (Health Insurance Premium Payment) Program. Therefore, the State OA will be responsible for completing this section of the CADR. If you are using ARIES outside of California, please contact your state's administrative office to determine your HIP reporting requirements.

Question: *Where do I report ADAP (AIDS Drug Assistance Program) services and expenditures in the CADR?*

Answer: ADAP reporting is no longer a part of the CADR. ADAP Grantees are required to submit quarterly ADAP data (and the CADR) through HRSA's EHB System. In California, for example, the State OA administers the ADAP program. California providers do not need to prepare a separate report for ADAP as the OA is required to submit quarterly ADAP data. Most states follow the same model, but if you are using ARIES outside of California, please contact your state's administrative office to determine your ADAP reporting requirements.

If, however, you provide short-term payments for clients to receive medications, you can include these services under the service category of Emergency Financial Assistance on the **Service Line Item** screen in ARIES.

Question: *Are there minimum software requirements to access the CADR Web System?*

Answer: Yes, you must have Internet Explorer 5.5 or higher.

Question: *I've pulled up the CADR Web System (<https://performance.hrsa.gov/hab>). Now what?*

Answer: If this is the first time you are logging into the system, you will need your 5-digit registration code (unless you are a Title I, III, or IV provider who receives direct HRSA funding). Your Grantee representative will have access to this registration code. From the login screen, click on the *Registration From* link. Enter in the information required on the *Registration Form*. Make sure you enter your five digit registration code at the bottom of the form. Next, click on Register to confirm and submit the information entered on the form. Next you will see the **HAB CADR Web Application Rules of Behavior**. Please read the information. The system will require you to agree to the terms before allowing you to proceed. Click on the *Login Screen*. Type your login ID and password. Once confirmed, you will be in the CADR Web System and can begin entering your 2006 data.

Question: *I used the CADR Web System last year. Can I use the same login information as last year?*

Answer: You are allowed to use the same login information you used last year when accessing the CADR Web System. However, please check to ensure your contact information is current. To verify your contact information, log into the system and click on the *Edit Registration*

link. This link can be found on the left side of the *Administration* page.

Question: *Is it really necessary to verify my contact information when logging into the CADR Web System for the first time?*

Answer: Yes. The contact information on this screen is used to keep you posted on the progress of your CADR.

Question: *I have entered my 2006 CADR data in the CADR Web System. Do I **have** to validate my data before submitting the report?*

Answer: Yes, you are required to run the validation report before submitting your CADR to your Grantee. If any errors are found, the system will list the question number in the CADR that contains the potential problem. The system will also give a brief explanation of the error.

Question: *I have entered, validated, and submitted my 2006 CADR. Am I finished?*

Answer: No you will need to remain available until the final CADR is accepted. Make sure you check your e-mail frequently. The system will automatically send you an e-mail if your Grantee(s) rejects your CADR. If this happens, the CADR will be returned to **Working Status**. You will need to correct the CADR and resubmit your CADR again for your Grantee's approval. Your CADR is not truly submitted until your Grantee(s) submits the CADR to HRSA.

Question: *Can more than one person in my agency enter in data for my CADR?*

Answer: Yes, more than one person within your agency can enter data into your CADR

(although not at the exact same time). Be sure to **release the lock** on the CADR when you log out of the system. This will allow the CADR to be accessible to those in your agency who have permission to enter data in the system.

Question: *I did not have any data converted from an old system into ARIES. Do I have to back enter my 2006 data?*

Answer: If you are using ARIES to generate your 2006 CADR, you must have all of your 2006 data entered into ARIES. If your data from your old system was not converted, you will need to re-enter all of your data. If, however, you have a mechanism for accurately extracting data from your old system to enter your 2006 CADR data directly into the CADR Web System (thereby not using the ARIES generated CADR), you are welcome to do so.

Question: *Who do I contact for CADR assistance?*

For content or submission-related questions contact:

**Ryan White CARE Act Data Support:
888-640-9356**

For CADR Web System or Electronic Handbook System-related questions contact:

**HRSA Call Center: 877-464-4772
(877-Go4-HRSA)**

For general information and technical assistance related documents visit:

**CADR Web System TA Website:
<http://careactdatasupport.hrsa.gov>**

California users may also contact the ARIES Help Desk for questions related to generating the CADR through ARIES.